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Bib Data Sheet

CONFIRMATION NO. 8324

<b>SERIAL NUMBER</b> 09/757,913	<b>FILING DATE</b> 01/10/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 324-010088-US (PAR)	
<b>APPLICANTS</b> Juha Kalliokulju, Vesilahti, FINLAND; Atte Lansisalmi, Espoo, FINLAND; Yousuf Saifullah, Flower Mound, TX; Khiem Le, Coppel, TX;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/23/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 2512					
<b>TITLE</b> Relocating context information in header compression					
<b>FILING FEE RECEIVED</b> 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## \*BIBDATASHEET\*

CONFIRMATION NO. 8324

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SERIAL NUMBER 09/757,913	FILING DATE 01/10/2001  RULE	CLASS 709	GROUP ART UNIT 2143	ATTORNEY DOCKET NO. 324-010088-US (PAR)
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APPLICANTS

Juha Kalliokulju, Vesilahti, FINLAND;  
 Atte Lansisalmi, Espoo, FINLAND;  
 Yousuf Saifullah, Flower Mound, TX; Khiem Le, Coppel, TX;

\*\* CONTINUING DATA \*\*\*\*\*  
 NONE AC

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE AC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/23/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Appl Chy</i> Initials <i>AC</i>	STATE OR COUNTRY FINLAND	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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